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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
BP 1518.

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	29 minus 20 =	* 9
INDEPENDENT CLAIMS (37 CFR 1.16(b))	14 minus 3 =	* 11
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$	OR		\$ 710
x \$	\$	OR	x \$ 18	\$ 162
x \$	\$	OR	x \$ 80	\$ 880
+		OR	+	
TOTAL	\$	OR	TOTAL	\$ 1,752

* If the difference in column 1 is less then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	(Column 4)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* 106 Minus ** 29	= 77	
	Independent (37 CFR 1.16(b))	* 9 Minus *** 14	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
x \$		OR	x \$ 18	\$ 1,386
x		OR	x \$ 84	
+		OR	+	
TOTAL		OR	TOTAL	\$ 1,386

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	(Column 4)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* Minus **	=	
	Independent (37 CFR 1.16(b))	* Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
x \$		OR	x \$	
x		OR	x	
+		OR	+	
TOTAL		OR	TOTAL	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	(Column 4)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	* Minus **	=	
	Independent (37 CFR 1.16(b))	* Minus ***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
x \$		OR	x \$	
x		OR	x	
+		OR	+	
TOTAL		OR	TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.